

Mental Health Care in Veterans With Cancer

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A cancer diagnosis can lead to a complex emotional experience, with increased risk for depression, anxiety, posttraumatic stress disorder (PTSD), eating disorders, and suicide.¹⁻³ In veterans — who are already at increased risk of suicide compared with civilians — cancer diagnoses represent a time of susceptibility to mental health challenges that healthcare professionals should be aware of.^{2,4} Veterans with cancer have 37% higher suicide rates compared with veterans without cancer; esophageal, pancreatic, male reproductive, head and neck, and respiratory cancers confer the most risk.² Throughout the cancer treatment process, two

time periods reflect the highest suicide risk: right after diagnosis, and early survivorship, making risk assessment crucial throughout treatment and after treatment ends.²

The evaluation of mental health status during cancer is complex. Depression and anxiety can stem from the psychosocial factors related to having cancer, as well as from the cancer medications themselves.^{1,5} Identifying if mental health symptoms are related to the cancer itself or psychosocial factors is important for management.⁵ A cancer diagnosis is a time for veteran healthcare professionals to assess mental health frequently, especially for suicide risk.



If you or someone you know is having thoughts of suicide, **call or text 988 to reach out to the National Suicide Prevention Lifeline, or contact the Veterans Crisis Line: www.veteranocrisisline.net**



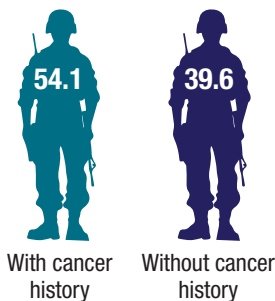
Suicide Rates in Veterans With Cancer²



Approximately 440,000 veterans with cancer were compared with an age-matched cohort of veterans without cancer to assess suicide rates. The cohort was predominantly male and White, with a mean age of 67.2 years.

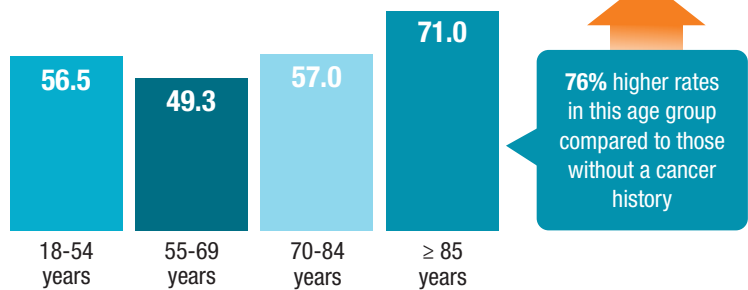
Suicide Rates

Per 100,000



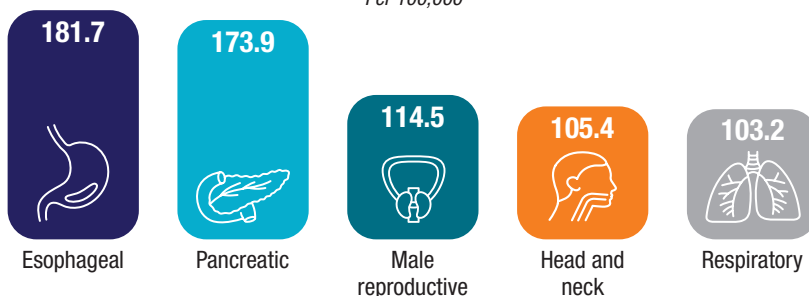
Age-Specific Suicide Rates in Veterans With Cancer

Per 100,000

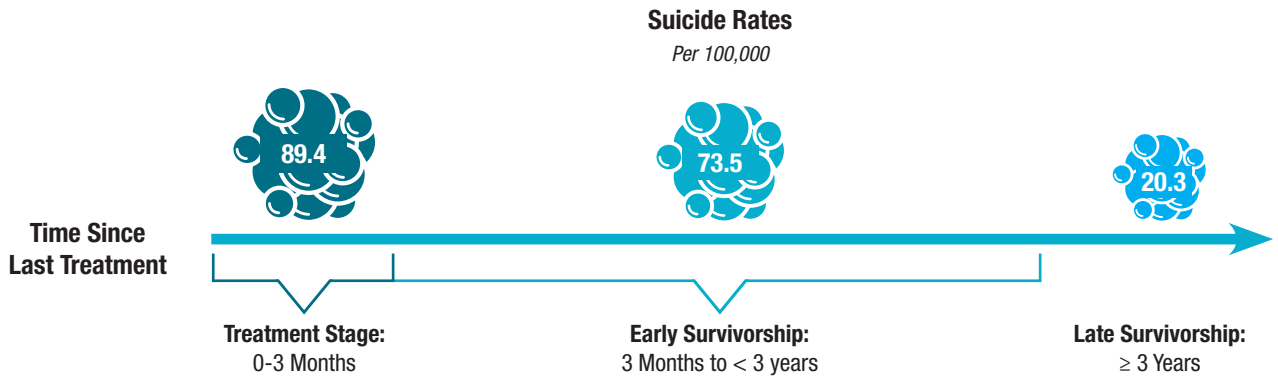


Suicide Rates by Cancer Type

Per 100,000



Timeline of Suicide Risk in Veterans With Cancer²



During the first year since diagnosis, **the hazard rate of suicide was 86% higher in veterans with cancer** compared to veterans without cancer. Hazard rates declined in years 2-5 and leveled out after year 5.

Possible Causes of Depression and Anxiety in Cancer^{1,5-7}



Psychosocial Reasons

- Enormity of new diagnosis, and all the changes that come with it
- Uncertainty of treatment outcome
- Loss of typical life activities
- Long hospital stays
- Cost of cancer care
- Body image disturbance
- Perceived loss of control with body
- Death anxiety

Cancer-related distress

Preexisting mental health symptoms/conditions

Changing/stopping antidepressants and psychotropic medications (during cancer treatment)

Physiologic/Cancer Reasons

- Certain cancer medications and “chemo brain”
- Cancer treatment effects of fatigue, pain, changes in appetite, sleep disturbances
- Neoplastic syndromes



It is important to assess if mental health symptoms in cancer are caused by psychosocial factors or by cancer physiology and cancer medications. Mental health screening tools should be used to assess mental health symptoms, and asking tailored questions can help differentiate the origin of symptoms.